

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
Bay City, MI 48708

211 W. Fort Street  
17th Floor  
Detroit, MI 48226

226 W. Second Street  
Flint, MI 48502

**Order Party: Name, Address and Telephone Number**

Name Syncora Guarantee & Syncora Capital Assurance

Firm Kirkland & Ellis LLP

Address 300 N. LaSalle

City, State, Zip Chicago, IL 60654

Phone 312.862.3200

Email dustin.paige@kirkland.com

**Case/Debtor Name:** City of Detroit, MI

**Case Number:** 13-53846

**Chapter:** 9

**Hearing Judge:** Hon. Steven Rhodes

☒ Bankruptcy ☐ Adversary

☐ Appeal Appeal No: \_\_\_\_\_

**Hearing Information** (A separate form must be completed for **each** hearing date requested.)

**Date of Hearing:** 4/11/14 **Time of Hearing:** 10:00 am **Title of Hearing:** Hearing re Detroit Bankruptcy

Please specify portion of hearing requested: ☒ Original/Unredacted ☐ Redacted ☐ Copy (2<sup>nd</sup> Party)

☒ Entire Hearing ☐ Ruling/Opinion of Judge ☐ Testimony of Witness ☐ Other

Special Instructions: \_\_\_\_\_

**Type of Request:**

- ☒ Ordinary Transcript - \$3.65 per page (30 calendar days)  
☐ 14-Day Transcript - \$4.25 per page (14 calendar days)  
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**Signature of Ordering Party:**

Dustin Paige Date: 4/11/14  
By signing, I certify that I will pay all charges upon completion of the transcript request.

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Transcript To Be Prepared By \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Order Received \_\_\_\_\_

Transcript Ordered \_\_\_\_\_

Transcript Received \_\_\_\_\_